

# SUBSTANCE USE DISORDERS SERVICES

*The purpose of this manual is to assist state-approved providers who provide services to individuals with a substance use disorder. The manual contains information intended to assist the reader in understanding the services that are billable. It also contains information to explain billing and financial eligibility for services provided. This manual does not substitute for United State Code (U.S.C.) Code of Federal Regulations (CFR), Montana Code Annotated (MCA), Administrative Rules of Montana (ARM), CBD provider contract, or other professional resources.*

*CD Provider Manual*

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## Key Contacts and Websites

Statute and Rules
<p><b>United States Code</b> <a href="https://www.gpo.gov/fdsys/browse/collectionUScode.action?collectionCode=USCODE">https://www.gpo.gov/fdsys/browse/collectionUScode.action?collectionCode=USCODE</a></p> <p><b>Code of Federal Regulations</b> <a href="http://www.ecfr.gov/cgi-bin/text-idx?tpl=%2Findex.tpl">http://www.ecfr.gov/cgi-bin/text-idx?tpl=%2Findex.tpl</a></p> <p><b>Administrative Rules of the State of Montana</b> <a href="http://www.mtrules.org">www.mtrules.org</a> <a href="http://www.sos.mt.gov/ARM/index.asp">http://www.sos.mt.gov/ARM/index.asp</a></p> <p><b>Montana Code Annotated</b> <a href="http://www.leg.mt.gov/bills/mca_toc/index.htm">http://www.leg.mt.gov/bills/mca_toc/index.htm</a></p> <p><b>Montana Secretary of State</b> <a href="http://www.sos.mt.gov">www.sos.mt.gov</a></p>
Medicaid Resources
<p><b>Medicaid Provider Information Website</b> <a href="http://www.medicicaidprovider.mt.gov">www.medicicaidprovider.mt.gov</a></p> <p><b>Montana Access to Health (MATH) Web Portal</b> <a href="https://mtaccesstohealth.acs-shc.com/">https://mtaccesstohealth.acs-shc.com/</a></p> <p><b>Healthy Montana Kids (HMK)</b> <a href="http://dphhs.mt.gov/HMK.aspx">http://dphhs.mt.gov/HMK.aspx</a></p>
Treatment Resources
<p><b>Chemical Dependency Bureau</b> <a href="http://dphhs.mt.gov/amdd/SubstanceAbuse.aspx">http://dphhs.mt.gov/amdd/SubstanceAbuse.aspx</a></p> <p><b>Substance Abuse and Mental Health Services Administration (SAMHSA)</b> <a href="http://www.samhsa.gov/">http://www.samhsa.gov/</a></p> <p><b>Addiction Technology Transfer Center Network (ATTC)</b> <a href="http://www.attcnetwork.org/home/">http://www.attcnetwork.org/home/</a></p> <p><b>National Institute on Drug Abuse (NIDA)</b> <a href="https://www.drugabuse.gov/">https://www.drugabuse.gov/</a></p>

## **Important Information**

The Department only makes payment for services which are medically necessary as determined by the Department or by the designated review organization.

Fee schedules are listed on the CDB website at <http://dphhs.mt.gov/amdd/SubstanceAbuse.aspx>

When coding for provided services, be aware that Current Procedural Terminology (CPT) codes and modifiers and Healthcare Common Procedure Coding System (HCPCS) including their respective definitions, are developed by the American Medical Association and the Centers for Medicare and Medicaid for providers to describe their services numerically for claim submission to insurers.

ARM 37.85.413 states that employees of the Department, or of any contractor or agent of the Department, may give a provider general information as to what codes are available for billing under Medicaid for a particular service or item being provided. However, the provider retains responsibility for selecting and submitting the proper code to describe the service or item provided. If an employee of the Department or of a contractor or agent of the Department suggests, recommends, or directs the provider to use a particular code from the choices available or gives other specific coding advice, the provider may not rely on such advice unless the advice is provided in writing before the provider submits a claim for the service or item.

Another option is to call the Integrated Voice Response (IVR) at 1-800-714-0060 or FaxBack at 1-800-714-0075. IVR indicates whether a Medicaid or MHSP member has eligibility for a particular date of service. Providers must have their NPI/API, member identification number, and date of service available. FaxBack faxes a report of the member's eligibility including managed care details, insurance coverage, Medicare coverage, etc. To sign up for FaxBack, call Xerox at 1-800-624-3958 (in/out of state) or 406-442-1837 (Helena). Providers must have their NPI/API and fax number ready when they call.

Providers are given an audit number when contacting Xerox and IVR for eligibility. Providers are responsible for keeping the audit number on file in case there are discrepancies regarding eligibility during claims processing.

All providers of substance use disorder services must maintain records which fully demonstrate the extent, nature, and medical necessity of services provided to eligible members that support the fee charged or payment sought and that demonstrate compliance with applicable requirements. These records must be retained for a period of at least 6 years and 3 months from the date on which the service was rendered or until any dispute or litigation concerning the services is resolved, whichever is later (ARM 37.85.414).

## **Program Services**

### **Treatment**

MCA 53-24-103 states that it means the broad range of emergency, outpatient, intermediate, and inpatient services and care, including diagnostic evaluation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, and career counseling, which may be extended to chemically dependent persons, intoxicated persons, and family members.

Fee schedules are listed on the CDB website at <http://dphhs.mt.gov/amdd/SubstanceAbuse.aspx>

### **Screening and Assessment**

#### **Definitions and Requirements**

**Screening** - SBIRT (screening, brief intervention, and referral to treatment).

It must include an alcohol and/or substance (other than tobacco) abuse structured screening (e.g. AUDIT, DAST, CRAFFT), and brief intervention (SBI) services.

The brief intervention utilizes motivational interviewing techniques.

Mental Health screenings are not included in this service.

It is a face-to-face health conversation and needs to be provided by a licensed or eligible addictions counselor (LAC), clinical professional counselor (LCPC), or clinical social worker (LCSW). The individual performing this service needs to have proof of education/training in this practice.

It is used to identify those individuals who are at risk for psychosocial or health care problems related to the substance use.

It is used to determine if a complete assessment and possible referral to treatment is needed.

It should be viewed as a step in the determination of medical necessity for treatment services.

A completed screening can be billed regardless of the result of the screening and it should be billed to all payment sources.

It is a billable service for providers under the contract and Medicaid (Provider Type 32). Financial information needs to be completed to determine payment sources.

This service cannot be billed on the same day as an assessment or any treatment services.

**Biopsychosocial assessment** - A comprehensive assessment of a person's drug use history, medical, psychological, and social history based on the six dimensions of the ASAM Criteria. The six dimensions include:

- Acute intoxication and and/or withdrawal potential
- Biomedical conditions and complications
- Emotional, Behavioral, or cognitive conditions and complications
- Readiness to Change
- Relapse, Continued use, or continued problem potential
- Recovery/living environment

This service includes a complete assessment (no partial assessments), a diagnosis, treatment determination, and any needed referrals. The treatment determination is a result of the assessment and application of dimensional criteria using the most current version of the ASAM Criteria.



This service is performed by a licensed or eligible addictions counselor.

This is a bundled service and the provider cannot bill for any service required for the completion of an assessment as a separate service. (SBIRT, screenings, TCM)

This service is limited to one payment per individual per 12 continuous calendar months.

It should be billed to all sources; and not be billed if completed under MIP/DUI/MDD or ACT provisions when the law requires the individual to pay for their services.

*Please refer to the applicable statute and rules for additional information regarding these services.*

<a href="#">37.27.102</a>	DEFINITIONS		4/25/2003
<a href="#">37.106.1413</a>	DEFINITIONS		12/24/2010

### Counseling and Therapy

#### Definitions and Requirements

**Individual** - Face-to-face interaction between a licensed or eligible addictions counselor for a specific therapeutic purpose.




**Group** - Face-to-face interaction between two or more clients and a licensed or eligible addictions counselor for a specific therapeutic purpose.

**Family** - Face-to-face interaction between a licensed or eligible addictions counselor and family member(s) for a specific therapeutic purpose.

These services can be provided in an office, outpatient facility, or when appropriate, the home of the client or other confidential setting.

Progress notes shall be written following each time a service is provided and must address the requirements outlined in rule.

*Please refer to applicable statute and rules for additional information regarding these services.*

<a href="#"><u>37.27.136</u></a>	OUTPATIENT COMPONENT REQUIREMENTS		7/17/1992
<a href="#"><u>37.27.137</u></a>	DAY TREATMENT COMPONENT REQUIREMENTS		7/17/1992
<a href="#"><u>37.27.138</u></a>	INTENSIVE OUTPATIENT TREATMENT COMPONENT REQUIREMENT		7/17/1992

## Residential

### Definitions and Requirements

**Halfway House Community-Based Single Gender Residential Homes (ASAM 3.1 – Clinically Managed Low-Intensity Residential Services)** - The single gender facility functions as a safe, alcohol and drug-free environment for individuals in early stages of recovery from substance use disorders or individuals who are transitioning to less intensive levels of treatment services and in need of such housing.

**Halfway House Community-Based Parent and Children Residential Homes (ASAM 3.3- Clinically Managed Low-Intensity Residential Services)** - The community-based parent and children residential homes for individuals with substance use disorders serve parent(s) with dependent child or children who are in need of 24-hour supportive housing while undergoing on- or off-site treatment services for substance use disorder and life skills training for independent living.

Services must meet those outlined in the most current version of the ASAM Criteria in addition to the licensure rules.

Must provide a supportive and safe living environment for the client's children and facilitate arrangements for services to meet identified needs of each child of the client living in the Women and Children's Home.

A minimum of one staff member shall be on duty for admitting, treating, discharging, and supervision purposes on a 24-hour, 7 day a week basis.

Client will receive a minimum of 5 clinical hours per week.

If a client requires *more treatment* than indicated above, the provider may utilize outpatient services in addition to the required minimum hours.

The room and board is a billable service for providers under the contract. It is not billable to Medicaid.

Progress notes shall be written following each time a service is provided and must address the requirements outlined in rule.

**Halfway House Single Gender Residential Homes (ASAM 3.5- Clinically Managed High-Intensity Residential Services)** - The community-based single gender residential homes for individuals with substance use disorders serve individuals who are in need of 24-hour supportive housing while undergoing on- or off-site treatment services for substance use disorder and life skills training for independent living.

**Freestanding Medically Monitored Intensive Inpatient (ASAM 3.7 Medically Monitored High-Intensity Inpatient Services)** - The most intensive level of care, outside of an acute care hospital, is defined as medically monitored care to clients whose withdrawal symptoms are sufficiently severe to require 24-hour inpatient care with observation, monitoring, and treatment available and delivered by a multidisciplinary team including 24-hour nursing care under the supervision of a Montana licensed physician. Services must meet those outlined in the most current version of the ASAM Criteria in addition to the licensure rules.

14 to 25 hours of group therapy per week, consistent with the client's individual treatment plan. Group therapy hours may include:



- Structured group dynamics
- Group educational experiences
- Group step work
- Other interpersonal group process

20 to 60 hours of therapeutic contact time per week, including at least 4 skilled treatment services per day for at least 5 days per week. Skilled treatment services include but are not limited to:

- Psychotherapy
- Individual therapy
- Group therapy
- Family therapy
- Structured educational presentations (lectures)
- Educational and scholastic groups
- Occupational therapy
- Recreational therapy
- Other supportive services as deemed necessary by the program.
- Social and recreation activities.

The program will provide other supportive services as deemed necessary by the program.

The program will provide social and recreation activities.

Ongoing communication with the referring community based Case Manager indicated on the Application Form to ensure continuity of care after discharge. Targeted Case Management services can only be billed to the referring outpatient contract. The client remains an open client throughout their stay in inpatient services.







Transportation services as appropriate.

The day of discharge is NOT a billable day.

This is a bundled service.

Progress notes shall be written following each time a service is provided and must address the requirements outlined in rule.

*Please refer to applicable statute and rules for additional information regarding these services.*

<a href="#">37.106.1440</a>	CLINICAL REQUIREMENTS		12/24/2010
<a href="#">37.106.1491</a>	HALFWAY HOUSE COMMUNITY-BASED SINGLE GENDER RESIDENTIAL HOMES (ASAM LEVEL III.1 – LOW INTENSITY)		12/24/2010
<a href="#">37.106.1485</a>	HALFWAY HOUSE COMMUNITY-BASED PARENT AND CHILDREN RESIDENTIAL HOMES (ASAM LEVEL III.3 – MEDIUM INTENSITY)		12/24/2010
<a href="#">37.106.1489</a>	HALFWAY HOUSE SINGLE GENDER COMMUNITY-BASED RESIDENTIAL HOMES (ASAM LEVEL III.3 – MEDIUM INTENSITY)		12/24/2010
<a href="#">37.106.1487</a>	HALFWAY HOUSE SINGLE GENDER RESIDENTIAL HOMES (ASAM LEVEL III.5 – HIGH INTENSITY)		12/24/2010
<a href="#">37.106.1475</a>	INPATIENT SERVICE REQUIREMENTS		12/24/2010

## **Co-Occurring Services**

### **Definitions and Requirements**

**Case Consultation** - Consultation provided by a licensed mental health professional to an addiction treatment team or addiction professional to integrate mental health and substance disorder related treatment planning, therapeutic interventions and clinical direction. Only one professional can bill for the specific time being of billable units and the service must be focused on one particular client discussed and not for time the professional is at the meeting.

It is a billable service for providers under the contract.

In order to bill for co-occurring services, the individual receiving services must currently be in active treatment for a substance use disorder provided by a state-approved provider.

Providers need to follow procedure code requirements and billing instructions of the most current edition of the “Current Procedural Terminology” or CPT Manual (American Medical Association).

State-approved programs must provide a minimum of the following co-occurring services:

- Mental health screening
- Case management or have established referral systems in place to assure mental health treatment if the screening indicates the individual is in need of mental health services.

State-approved programs providing co-occurring services above those indicated above, must be co-occurring capable which includes the ability to:





- Screen all individuals for mental health issues
- Provide access to licensed therapists trained to diagnose and work with mental health issues
- Explicitly address specific treatment needs of individuals with mental health issues
- Collaborate with other programs to access the necessary consultation when an individual also requires services from that provider.

Develop integrated treatment plan that:

- is client driven and signed by both client and counselor
- is consistent with the ASAM dimensional analysis providing for continuity of care over time, including a crisis plan as applicable
- devises treatment interventions specific to tasks and challenges faced at each stage of the co-occurring disorder recovery process
- adopts a multi-problem viewpoint addressing immediate and long-term needs for housing, work, health care and supportive networks
- includes relapse prevention skill development
- is tailored to the person’s cognitive and functional needs
- Works to integrate and maintain the person in community support systems

Providers are allowed to bill up to 15% of their total outpatient contract amount for co-occurring services provided to those individuals also receiving substance use disorder treatment services within their facility.

*Please refer to applicable statute and rules for additional information regarding these services.*

<a href="#">37.88.201</a>	LICENSED CLINICAL SOCIAL WORK SERVICES, DEFINITIONS		7/1/1999
<a href="#">37.88.205</a>	LICENSED CLINICAL SOCIAL WORK SERVICES, REQUIREMENTS		11/21/2014
<a href="#">37.88.301</a>	LICENSED PROFESSIONAL COUNSELOR SERVICES, DEFINITIONS		7/1/1999
<a href="#">37.88.305</a>	LICENSED PROFESSIONAL COUNSELOR SERVICES, REQUIREMENTS		11/21/2014

### Other Services

#### **Targeted Case Management**

These are services that assist eligible individuals diagnosed with a substance use disorder in gaining access to needed medical, social, educational, and other services.







Case notes shall be written following each contact and must address the requirements outlined in rule. However, the writing, recording, or entering these case notes is not allowable as a billable service.

Case management does not include services that constitute the direct delivery of the underlying medical, educational, social, or other services to which an eligible individual has been referred.

Targeted Case Management Services, in most situations, are best provided by staff whose only function is to provide these services. Other staff may perform this service with prior approval from the Department.

Travel and client transportation are not allowable.

*Please refer to applicable statute and rules for additional information regarding these services.*

<b>Subchapter 40</b> <b>Targeted Case Management Services for Substance Use Disorders</b>			
<a href="#"><u>37.86.4001</u></a>	TARGETED CASE MANAGEMENT SERVICES FOR SUBSTANCE USE DISORDERS, DEFINITIONS		3/1/2013
<a href="#"><u>37.86.4002</u></a>	TARGETED CASE MANAGEMENT SERVICES FOR SUBSTANCE USE DISORDERS, ELIGIBILITY		3/1/2013
<a href="#"><u>37.86.4005</u></a>	TARGETED CASE MANAGEMENT SERVICES FOR SUBSTANCE USE DISORDERS, SERVICE COVERAGE		3/1/2013
<a href="#"><u>37.86.4006</u></a>	TARGETED CASE MANAGEMENT SERVICES FOR SUBSTANCE USE DISORDERS, SERVICE REQUIREMENTS		3/1/2013
<a href="#"><u>37.86.4007</u></a>	TARGETED CASE MANAGEMENT SERVICES FOR SUBSTANCE USE DISORDERS, PROVIDER REQUIREMENTS		3/1/2013
<a href="#"><u>37.86.4010</u></a>	TARGETED CASE MANAGEMENT SERVICES FOR SUBSTANCE USE DISORDERS, REIMBURSEMENT		7/1/2013

#### **School-Based Intervention Services**

These early intervention services are intended to be brief interventions designed to address or intervene in a pattern of behavior which includes involvement with drugs and/or alcohol.

State-Approved Providers may be reimbursed for School-Based Intervention Services. The provider must have on file a current service plan based in evidence based practices and principles which describes:

- Evidence Based Practice to be implemented

- Students to be served
- Services to be provided (to include education, individual screening and risk assessment, and other identified services)
- The referral and screening process

**ALL** students receiving School Based Services must be accounted for in program records and services documented in student file. These records must be available for Quality Assurance Audits.

School-Based Intervention services may be provided upon an individual student's request or upon a referral by school authorities based on student behavior which indicates they are engaged in substance abuse.

The services based on school staff referrals should be located in a school setting.

The services based on individual student's request can be located outside the school setting.

School Based Intervention Services are not a prevention service. This service is intended to be brief interventions designed to intervene in a pattern of behavior which includes involvement with drugs and alcohol. The participant must be screened within **two weeks** of involvement in the services. At any time during the program a participant may be assessed and referred for treatment.

Students that are assessed and admitted to treatment may continue to utilize the school based intervention if determined appropriate and if that participation in those services is included as part of the treatment plan.

If this service is instituted as part of substance related disorder treatment services offered through a contracted state approved chemical dependency provider, the provider must ensure services are available throughout the contract time period.

Services must be provided by a licensed or eligible addictions counselor.

School-Based Intervention Programs must meet standards for evidence based practices or principles as identified by nationally recognized entities (NREPP, CSAT, etc.).

Participation in School-Based Intervention Services is not subject to financial eligibility limitations. If a participant is assessed and referred to treatment, they are subject to existing eligibility requirements.

If a student enrolled as a treatment client attends educational groups in the school-based curriculum, their participation cannot be billed as an outpatient treatment service.

Prior to the implementation of a School-Based Intervention program, the State-Approved Provider needs to develop and implement an evaluation and reporting plan approved by the Department.

Documentation will be required monthly and student satisfaction will be required quarterly. A tracking form will be provided by the Department. It will include:

- Unique Identifier

- Age
- Gender
- Referral Source
- Intervention used
- Service type
- number of sessions
- perception of risk
- intent to make changes
- helpfulness of program

Please see a copy of this tracking form in the appendix.

There should be documentation of important events, information, or third party statements affecting the student's participation, including contacts with school personnel and other referral sources. This includes reports on collateral contacts, staffing, and reviews. These shall include the contact name and agency of parties involved.

This service is not billable to Medicaid.

This service is only billable under the contract and it is not constrained by financial eligibility. It is an intervention practice based on service units, not client numbers. As a result, individual and group settings are both billed based on units provided.

Units are billed in 15 minute increments based on staff hours spent on activities.

This service is not billed using SAMS invoicing. Providers will submit the appropriate paper SBS invoice located on the website.

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### **Psychosocial Rehabilitation or "Rehab Aide"**

These services focus on assisting individuals receiving services, including children, adolescents, and their parents, in learning those physical, intellectual and/or emotional skills needed to participate in normal working, living, educational, and recreational activities.

This service is limited to **only** those programs contracted by the CDB to Clinically Managed Low-Intensity Residential Treatment. (This includes both Parent and Children Homes and Single Gender Homes).

Services are provided one-on-one with the client and may from time to time include family as additional support to the client's recovery.

If services are family focused, services to children and their families should have child specific activities directed toward family preservation whenever appropriate.

Services are provided face-to-face to help develop life skills and behaviors addressing independent living skills, vocational skills, parenting skills, family relationships, and other needed social skills.

Services are provided to assist the client to develop communication skills, self-management of symptoms, and social networks to support a socially integrated life.

Provider responsibilities for rehabilitation aide services include:

- Developing policies and procedures for initial and on-going staff training for these services.
- Assuring ongoing communication and coordination of the treatment team to ensure the services provided are updated as needed.
- Ensuring services are provided in the appropriate setting to the targeted learning event.
- Establishing the frequency services as determined by needs and desires of the client.
- Ensuring rehabilitation aide activities are identified in the treatment plan.
- Requiring a Licensed Addiction Counselor or Clinical Supervisor to supervise the Rehabilitation Aide. The supervising person must be a person with extensive experience and responsibility of services for individuals with substance use disorders. Supervisors must meet with Rehabilitation Aides on a regular basis as determined appropriate.
- Ensuring psychosocial rehabilitation services, in most situations, are provided by staff whose only function is to provide this service.

Progress notes shall be written following each time a service is provided and must address the requirements outlined in rule.

Providers are limited to 3 hours of Rehabilitation Aide Services per day and the units are billed in 15 minute increments.

This service is only billable under the contract and is not billable to Medicaid.

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### **Family Didactic Educational Groups**

These are psychoeducational groups used to provide information in an effort to help family members better understand the dynamics of a client's substance use disorder.

The purpose of psychoeducational groups is expansion of awareness about the behavioral, medical, and psychological consequences of substance abuse.

Documentation is required each time a service is provided as part of an individual's records in order to bill for this service. These notes must address the requirements outlined in rule.

This service is billed per visit per family member present. In order to bill for this service, the visit must be a minimum of 45 minutes.

This service cannot be billed when the primary focus is on mental health issues and diagnosis.

This service is only billable under the contract and is not billable to Medicaid.

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### **Drug Testing**

This is the testing of samples for the presence of drugs.

Programs may bill the contract or Medicaid when using a Dip Strip Drug test OR a Saliva Test.

Federal regulation does not allow for reference lab billing. Therefore, labs must bill Medicaid as required by a Clinical Laboratory Improvement Act (CLIA) for lab tests other than those indicated above.

Contracted providers may provide a drug test not listed in number 2 above to block grant eligible clients as an ancillary service. A CLIA certified lab must process test. Contracted providers will be responsible to pay the laboratory for requested services and then bill the block grant for the actual costs of laboratory services or up to the current reimbursement rate for each test whichever amount is less.

Drug tests are limited to one test per 24 hour period per client.

The need for drug testing services must be written into the treatment plan.

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### **Prime for Life**

The ACT program is a three part process – Assessment, Course and Treatment.

<http://leg.mt.gov/bills/mca/61/8/61-8-732.htm>

The evidence-based curriculum, Prime for Life (PFL) is the educational course supported by the Department to be used in the ACT program for both DUI and MDD offenders.

The course must be conducted by an instructor certified through Prevention Research Institute. The instructor needs to be a Licensed Addictions Counselor.

PRIME for Life Participant Workbooks must be purchased directly through the Prevention Research Institute for each individual who attends a Prime for Life program.

All programs using Prime for Life must agree to honor the Prevention Research Institute's (PRI) copyright and not photocopy any instructor or participant material. PRI's copyrights include, but are not restricted to, PRIME For Life instructor manuals, participant workbooks, instructor workbooks, teaching posters, the Moving ForWarD manual and program DVD's. Materials CANNOT be copied, re-sold, or recycled.

All instructors will be required to sign an agreement with PRI attesting to program protocol and copyright compliance.



Participant Workbooks must be purchased directly through the Prevention Research Institute for each individual who attends a Prime for Life program. To order, Certified Instructors will need to log into the PFL website at [www.primeforlife.org](http://www.primeforlife.org). Once you have logged into the website as a trainer, click on “Orders” on the left hand side and follow the instructions.

The participant workbook is the property of the individual attending the class and not the program.

Instructor Materials include: instructor manual; instructor workbook; participant workbook; set of program DVD teaching discs; resource CD Rom disc, instructor development disc; set of teaching posters; unlimited access to the Prime for Life Version 9 computer application; set of teaching posters; and access to the password protected myDASHBOARD. These materials are the property of the individual certified to teach PFL and not the program employing or contracting with the individual.

PRI will provide Prime for Life program updates, including all materials and training if necessary at no cost to instructors

PRI will provide on-going technical support to instructors via toll free support lines, email, bi-monthly e-notes, video reviews, and its website.

ACT Providers are required to provide information regarding the Montana law as it relates to the DUI, MDD, or UDD offense. Misdemeanor Dangerous Drug (MDD) Offenders must receive specific information on misdemeanor drug laws.

The department will offer PFL New Instructor training two times a year (spring and fall).

- All ACT instructors must attend the 3 day Prime for Life New Instructor training prior to teaching the course portion of ACT. The department will issue 24 CEUs (continuing education units) for attending this class.
- The new instructor training will be provided at no cost to all State Approved Chemical Dependency Programs, MIP providers, tribal partners, and other state-designated observers.
- All Training registrations (New Instructor, Continuing Education, and Prime Solutions), for Montana classes, is made directly with Prevention Research Institute at [www.primeforlife.org](http://www.primeforlife.org). On the webpage, click on “training”, then select “PRIME For Life Training”, then select “register for training”, and choose the next Montana training event. You can sort by type or select the type to display only that training. Complete the necessary information and the Prevention Research Institute will provide you with follow-up contact and confirmation.

The Department will offer PFL Continuing Education training two times per year (spring and fall).

- All Certified Prime for Life Trainers are required to attend one Prime for Life Continuing Education training event every two years. The department will issue 16 CEUs (continuing education units) for attending this class.
- Newly Certified PFL Trainers must attend the Prime For Life Continuing Education training within 1 year of teaching their first class. The department will issue 16 CEUs (continuing education units) for attending this class.

- The continuing education training will be provided at no cost to all State Approved Chemical Dependency Programs, MIP providers, tribal partners, and other state-designated observers. s.

The Department will offer Prime Solutions training up to two times per year.

- All instructors must attend the 2 day Prime Solutions training prior to teaching the course portion of ACT. The department will issue 13 CEUs (continuing education units) for attending this class.
- The training is limited to participants intending to deliver the Prime Solutions program as part of the ACT program and any state-designated observers.

The PFL curriculum must be followed as directed in the instructors' manual and as taught in the instructor's training.

Individuals attending PFL classes must complete the information/class in the order of the PFL program. For example: If the 12 hour course is provided in 3 – 4 hour sessions and the individual attends the first session and misses the second session, the individual cannot attend the third session until the second session is completed.

The department will attend a portion of the Prime for Life training at each ACT program on a random basis. During this on-site visit, the program will be reviewed for their fidelity to the presentation and content of the Prime for Life process using the Moving ForWarD protocol.

The Moving ForWarD protocol rates the instructors on a scale of 1-5, with a "1" indicating a poor performance and a "5" indicating an excellent performance in two areas; Content and Process.

### Content Ratings

- Instructor conveys understanding of major concepts without confusion
- Instructor follows manual in proper order and does not overlook relevant segments in the manual
- Instructor uses video materials at the correct time and is able to transition between video and lecture comfortably
- Instructor uses participant workbook exercises as indicated and pauses to solicit feedback about them
- Instructor is able to complete lectures and exercises without relying excessively on the manual
- Instructor avoids material not included in the manual

### Process Ratings

- "Finish Line Focus" Domain – this domain measures the instructor's ability to provide the direction and structure necessary to complete the course content and bring the class "across the finish line" by the end of training.
  - Synchronizing lecture and screen images
  - Using check sheets as notes rather than reading from the manual
  - Understanding of major scientific concepts in course program

- “Working With” Domain – this domain captures the instructor’s skill at forming a respectful collaboration with the participants.
  - Eye Contact
  - Greeting participants at beginning of class
  - Using words and examples relevant to participants’ own lives
  - Asking questions of participants to gauge understanding and adjust approach as needed
  - Avoiding jargon or overly technical language
  - Like/like rule
  - Limiting self-disclosure
- Defusing Dissent” Domain – this domain captures the instructor’s skill at managing active resistance within the class.
  - Using four-step persuasion process when needed
  - Normalizing difficulty of change process
  - Limiting war stories
  - Listening with empathy
  - Being non-judgmental







The Moving ForWarD protocol also rates the group of participants from a “1” meaning “impossible” to a “5” meaning “piece of cake”.




Instructors will receive feedback from the Department within the next 1-2 weeks following the on-site visit. Instructors will be provided with rater notes and observations and any recommendations.

Record keeping and reporting requirements for the ACT individual and the ACT program

- In addition to requirements outlined in administrative rule, there needs to be copies of current trainer certification and continuing education in the individual’s personnel file.

*Please refer to the applicable statute and rules for additional information regarding these services.*

Subchapter 5 Chemical Dependency Educational Courses			
<a href="#"><u>37.27.501</u></a>	CHEMICAL DEPENDENCY EDUCATIONAL COURSES: COST OF TREATMENT		5/10/1996
<a href="#"><u>37.27.502</u></a>	CHEMICAL DEPENDENCY EDUCATIONAL COURSES: DEFINITIONS		1/30/1998
<a href="#"><u>37.27.506</u></a>	CHEMICAL DEPENDENCY EDUCATION COURSES: GENERAL EDUCATIONAL COURSE REQUIREMENTS		1/30/1998
<a href="#"><u>37.27.507</u></a>	EDUCATION COURSE REQUIREMENTS FOR MIP OFFENDERS (MIP PROGRAM)		5/10/1996
<a href="#"><u>37.27.515</u></a>	CHEMICAL DEPENDENCY EDUCATIONAL COURSES: REQUIRED SERVICES		1/30/1998
<a href="#"><u>37.27.516</u></a>	CHEMICAL DEPENDENCY EDUCATIONAL COURSES: COURSE CURRICULUM		1/30/1998

<a href="#"><u>37.27.517</u></a>	CHEMICAL DEPENDENCY EDUCATIONAL COURSES: MONITORING REQUIREMENTS		5/10/1996
<a href="#"><u>37.27.521</u></a>	CHEMICAL DEPENDENCY EDUCATIONAL COURSES: ACT PROGRAM PROVIDER REQUIREMENTS		5/10/1996
<a href="#"><u>37.27.525</u></a>	CHEMICAL DEPENDENCY EDUCATIONAL COURSES: RECORD KEEPING AND REPORTING REQUIREMENTS		5/10/1996

## **Administrative**

### **Financial Eligibility for Contracted Services**

#### **Policies Regarding Financial Eligibility**

Services cannot be billed to the state contract until a final determination has been made about eligibility.

Individuals are not eligible for services under the Contract **while** incarcerated.

Services may be billed under the state contract when provided to eligible individuals in pre-release centers and on probation or parole living independently in the community. If the criminal justice offender is also a critical population individual, as defined by the Department, they may be billed under their critical population category.

Youth residing in a state correctional facility (e.g., Pine Hills School for males, Riverside for females, a detention facility, etc.) are not eligible for services under the contract **while** residing in the facility.

A youth residing in a facility licensed by the Montana Department of Public Health and Human Services as a therapeutic group home, shelter care facility, or a foster home may be eligible for services when all other eligibility requirements are met.

A state-approved provider must determine a client's financial eligibility to qualify the client for chemical dependency services paid under the Contract unless the client presents a current Medicaid card or has a current eligibility span on the Medicaid Eligibility System.

Financial eligibility is determined, by the State-Approved Program under contract with CDB, using the financial eligibility form (FIF) or similar form approved by the Department. Forms must be signed by the client and/or the client's legal guardian/parent in the case of youth.

The program's financial interviewer initiates the eligibility determination process prior to services and completes the process before actual billing to the contract may occur.

The eligibility determination process is not complete unless the FIF is complete and signed and income documentation/verification is received.

The FIF must include the assurance statements "Rights and Responsibilities".

Eligibility is determined at the beginning of the episode of treatment and needs to be updated every 30 days.

To be eligible, the individual must have a tax filing unit MAGI equal to or less than 200% of federal poverty guidelines as provided below:

The following table is based upon information provided in Federal Register.

Size of Family	100% of Poverty	150% of Poverty	200% of Poverty
1	\$11,880	\$17,820	\$23,760
2	\$16,020	\$24,030	\$32,040
3	\$20,160	\$30,240	\$40,320
4	\$24,300	\$36,450	\$48,600
5	\$28,440	\$42,660	\$56,880
6	\$32,580	\$48,870	\$65,160
7	\$36,730	\$55,095	\$73,460
8	\$40,890	\$61,335	\$81,780

\*\*\* For each additional person add \$4,160 (100%); \$6240 (150%); \$8320 (200%)

### Documentation

Financial Intake Form (FIF) is required to be completed and maintained on file for each individual requesting service from the State-Approved Program. An example of this form can be found on the website along with other applicable forms. It will provide directions for determining Modified Adjusted Gross Income (MAGI) of the individual applying for services based on their family size (tax filing unit).

For purposes of MAGI, a tax filing unit consists of the taxpayer (include married filing jointly), a spouse living with the tax payer, and all persons whom the taxpayer expects to claim as a dependent. The MAGI for the individual would be the combined income for all members of the tax filing unit that are required to file tax returns. Dependents with earned income more than \$6300 or unearned income more than \$1050 must file a tax return.

The Contractor will document the MAGI of the individual's tax filing unit.

Include:

- Wages, Salary, Tips
- Taxable and tax-exempt interest
- Income tax refunds
- Self-employment income

- Unemployment Compensation
- Social security disability benefits (SSDI)
- Dividends, Annuity Payments, Capital Gains
- Alimony received
- Rental income
- Military retirement (Dept. of Defense or Civil Service Retirement System)
- Pensions
- VISTA and AmeriCorps
- Other income

### Exclude:

- Child support received
- Gifts and Inheritances (\$14,000 or less)
- Worker's Compensation
- Veteran's benefits (Veteran's Administration)
- Military allotments
- Scholarships or grants used for education purposes (not living expenses)
- Native American income from payments made through BIA due to enrollment or relationship to an enrolled individual.
- SSI benefits
- Welfare and public assistance payments
- Foster care payments
- Adoption subsidies

### Deduct:

- Alimony paid
- Pre-tax contributions (Educator expenses, 401K, flexible spending plans, health savings account, Health insurance)
- Moving expenses
- Student Loan interest
- Tuition and fees
- Itemized medical expenses (not reimbursed through HSA or flex plan) above 10% of MAGI (i.e. MAGI = \$25000, medical expenses = \$3000; deduction of \$500)

### Documentation examples include:

- Wage stub(s) or statement from employer;
- IRS tax forms;
- Social Security Administration award notices (SSDI only);
- Unemployment benefit documentation;
- Worker Compensation award notices;
- Documentation of alimony (including copies of checks or court orders);
- Documentation of income from any other source.
- Self-attestation statement

The Financial Interviewer may contact employers or other support-providers and make note of what is said, this shall be considered sufficient documentation. The Financial Interviewer should have the client

(and/or legal guardians/parents) sign release(s) to any sources of support in case the Department or its representatives needs to verify financial information provided as part of an audit.

If the client reports difficult-to-verify income (like spot labor, etc.), the client's report and signature on the FIF is sufficient verification.

If the client is self-employed (sole proprietorship, independent contractor, sharecropper), then the income is annualized for the previous tax year. So, if you need to determine a current monthly income, you would divide the annualized income by 12.



## **Billing for Contracted Services**

### **Policies Regarding Billing**

The following are in addition to the requirements found in the contract and the instructions found in the Substance Abuse Management System (SAMS) manual.

The SAMS manual can be found on the CDB website at <http://dphhs.mt.gov/amdd/SubstanceAbuse>

The Department funding is Payment of Last Resort.

In the event a client meets eligibility requirements for Contract funding and payment of a billable service is denied by the insurance carrier (including Medicaid and HMK), the provider may bill for the service under their contract with the Department.

To do so, the provider must have billed the insurance company and received a denial.

Denial includes non-payment because of client non-benefit, or benefit limit has been reached. When such denial is received, the provider submits invoice for the service on the appropriate supplemental invoice with the next invoice cycle.

Supplemental invoices are processed through SAMS.

Supplemental invoices do not cover co-pays and deductibles.

Please note that supplemental invoices do not include balance billing.

Retain the EOB consistent with record keeping requirements for those procedure codes you are requesting payment from the Department. The EOB needs to be retained both for your records and for auditing purposes.

Payment for services does not constitute correct billing by the provider or acceptance of correct billing by the Department.

A service is billed incorrectly when:

- The service is not documented – meaning the client record lacks sufficient information to determine if services were provided pursuant to documentation requirements of the MCA, ARM, the contract, and this manual;
- The client is not eligible for services under the Contract;
- The provider has received payment from the client, parent, third party or other source for the service;
- The provider has received payment equal or greater than the amount indicated as the usual and customary charge under their Contract application;
- The provider has received commercial insurance payment in part or in full for the service;
- The provider has received commercial insurance payment when that contract indicates “payment in full”.
- The provider has received HMK payment for service; and

- The provider has received Medicaid payment for service.

In the course of a review or audit of the provider's program conducted by the Department or its designee, a sampling or all of the client records may be reviewed.

If the review determines a percentage of services billed are not documented, the percentage will be applied to all services billed by the provider for the term of the contract.

Upon written notice from the Department, the provider will be required to repay the inappropriate billing. The Department at its discretion may also apply an interest penalty to the repayment.

Repayment for incorrect billing found through an Audit can be made through the following:

- Payment in full;
- Monthly or Quarterly payments as agreed upon by the Department and the Provider;
- Subtraction of an agreed upon amount from future payments as agreed upon by the Department and the Provider;

The provider may choose to bill "over-production" each year. Providers can typically think of this "over-production" on a contract as a "cushion" that reduces the risk of repayment in the event of an audit by the Department.

For example:

- Assume the Department audits a provider that billed 30,000 units of service. The Department finds an error rate of 2% in a sample and applies that percentage to the amount of units-of-services billed (30,000), which amounts to 600 units-of-services that potentially would need to be repaid to the Department.
- If the provider had actually performed 31,000 eligible units-of-service, the Department will apply the error rate to the total reported eligible units of service ( $31,000 \times 2\%$ ), which amounts to 620 units-of-service that potentially would need to be repaid. However, the provider's "adjusted eligible units" ( $31,000 - 620 \text{ units} = 30,380 \text{ adjusted eligible units}$ ) is still more than the 30,000 units billed and, therefore, a repayment to the Department would not be necessary.

Providers have a choice with this "over-production" option – the Department will not and does not require providers to choose this option.

Providers can request additional funds by submitting a written request detailing the reason for that additional funding. That request can also include the transfer of unspent funds from one contract area to another.

The transfer of unspent adolescent funds is not encouraged, but the request can be made and will be considered by the bureau.

## **Continued Quality Improvement (CQI)**

### **Independent Peer Review (45 CFR 96.136)**

States must have independent peer review systems that assess the quality, appropriateness, and efficacy of Block Grant – funded treatment services.

The regulations define *Quality* as the provision of treatment services that meet accepted standards and practices that will improve patient / client health and safety in the context of recovery.

The regulations define *Appropriateness* as the provision of treatment services consistent with each individual's identified clinical needs and level of functioning.

To determine quality and appropriateness of treatment, reviews must include an examination of a representative sample of client / patient records.

In reviewing client / patient records, reviewers will examine:

- Admission criteria / intake process
- Assessments
- Treatment planning
- Documentation of implementation of treatment strategies
- Discharge and continuing care planning
- Indications of treatment outcomes

Independent peer reviewers must consist of individuals who are:

- Experts in the substance abuse field
- Representative of the various disciplines used by the program being reviewed
- Knowledgeable about the modality being reviewed and its underlying theoretical approach to addictions treatment
- Sensitive to the cultural and environmental issues that may influence the quality of services being provided.
- Not providers / practitioners of the program under review
- Not individuals who have administrative oversight of or authority to make funding decisions about the program under review

States must ensure that independent peer review is not conducted as a part of the program licensing / certification process.

An independent peer review should be completed every year. If not, a peer review needs to be completed in the next two years.

### **Client Satisfaction Survey**

The Client Satisfaction Survey will be completed quarterly.

It will be completed by clients through Survey Monkey.

A web link will be provided for a week following each quarter and programs will need to provide that link to clients throughout that week.

This data will be analyzed in Survey Monkey and the Department will provide programs with a report highlighting their program compared to state-wide results.

### **State-Sponsored Trainings**

#### **ATTC (Addiction Technology transfer Center Network)**

Each year training events are made possible through the collaborative efforts of the Central Rockies ATTC and the Montana Chemical Dependency Bureau.

Licensed Addiction Counselors in Montana and members of NAADAC are eligible to receive hour for hour continuing education units for each workshop attended. Certificates are at the end of each workshop. Participants may use the certificate to apply for continuing education credit from other licensing/credentialing boards.

The Chemical Dependency Bureau submits an application for approval of CEUs with the Department of Labor and Industry for each event. The approval information appears on the Board of Behavioral Health website.

Breakfast and lunch are the responsibility of the participant. The Central Rockies ATTC is federally funded and is not allowed to provide food/beverage.

The Chemical Dependency Bureau will reimburse the following travel costs for those that need financial assistance:

- Lodging (State rate + tax)
  - Participants are responsible for paying the difference for lodging that is more than the rate
- Meals (Up to \$23 per day)

Participants are asked to contact Isaac Coy, Treatment Program Manager at 406-444-7922 or [icoy@mt.gov](mailto:icoy@mt.gov), if financial assistance is needed.

Payment will be made to individuals after the training.

The following will be needed from individuals for reimbursement:

- A signed non-employee travel reimbursement form (Form will be provided)
- A completed W-9 (Form will be provided)
  - A current W-9 needs to be completed each calendar year
- A hotel receipt with a \$0.00 balance

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### **Prime for Life and Prime Solutions**

The Chemical Dependency Bureau will reimburse the following travel costs for those that need financial assistance:

- Lodging (State rate + tax)
  - Participants are responsible for paying the difference for lodging that is more than the rate

- Meals (Up to \$23 per day)
  - Based upon individual's time of departure and arrival
- Travel (Mileage at \$.54 per mile)
  - One car per 4 individuals from one agency

Participants are asked to contact Curt Weiler, Program Officer at 406-444-7926 or [cweiler@mt.gov](mailto:cweiler@mt.gov), if financial assistance is needed.

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### **Substance Abuse Management System (SAMS)**

The Chemical Dependency Bureau will reimburse the following travel costs for those that need financial assistance:

- Lodging (State rate + tax)
  - Participants are responsible for paying the difference for lodging that is more than the rate
- Meals (Up to \$23 per day)
  - Based upon individual's time of departure and arrival
- Travel (Mileage at \$.54 per mile)
  - One car per 4 individuals from one agency

Participants are asked to contact Joy Langstaff, Monitoring and Data Officer at 406-444-7926 or [jangstaff@mt.gov](mailto:jangstaff@mt.gov), if financial assistance is needed.